ISDH 2003 Hospital Service Report

(Annual Report under Indiana Code 16-21-6)

Westview Hospital

City: Indianapolis   County: Marion   Year: **2003**

Provider Type: General Acute

I. Inpatient Care				
Hospital Service Description	Number of Set Up Beds	Number of Discharges	Number of Patient Days	Average Charge Per Discharge
Burn Care	0	0	0	$0
Cardiac Intensive	0	0	0	$0
ICU Med/Surg	5	50	664	$14,031
ICU Neonatal	0	0	0	$0
ICU Pediatric	0	0	0	$0
Medical/Surgical	40	1,184	5,005	$2,350
Neonatal Intermed	0	0	0	$0
Obstetrics	0	0	0	$0
Pediatric	0	0	0	$0

Psychiatric	0	0	0	$0
Rehabilitation	10	216	2,385	$11,585
Substance Abuse	0	0	0	$0
Swing Beds	NA	0	0	$0
Other Services	0	0	0	NA
Acute Subtotal	55	1,450	8,054	NA
Normal Newborn	0	0	0	$0

II. Outpatient Visits			
Circulatory System	6,492	Digestive System	4,696
Endocrine System	4,349	Injuries and Poison	1,446
Mental Disorder	490	Musculoskeletal	9,636
Neoplasms	1,966	Nervous	997
Respiratory	2,472	Urinary	3,723
Other/Unknown	9,803	Total Visits	46,070
Number of Visits to Emergency Department			8,443
Percent of Emergency Department Visits of Total Visits			18.3%

Identification of Hospital Services

Each hospital has identified if it has one or more of a standard list of 41 services. This list of services is updated annually by each hospital from the information initially requested by the Centers for Medicare & Medicaid Services when the hospital was initially certified for Medicare payment.

N - Acute Renal Dialysis	N - Alcohol/Drug Service	Y - Anesthesia Services
Y - Blood Bank	N - Burn Care Unit	N - Chiropractric Service
Y - Coronary Care Unit	Y - Dental Services	Y - Dietetic Services
Y - Emergency Service	Y - Home Care Program	N - Hospice
Y - Inpatient Surgical Services	Y - Intensive Care Unit	Y - Laboratory(Clinical)
Y - Laboratory(Anatomical)	N - Long Term Care Unit	N - Neonatal Nursery
Y - Nuclear Medicine Services	N - Obstetrics Services	
Y - Occupational Therapy	N - Open Heart Surgery	Y - Operating Room
N - Optometric Service	N - Organ Bank	N - Organ Transplant
Y - Outpatient Service	Y - Outpatient Surgery Unit	N - Pediatric Services
Y - Pharmacy	Y - Physical Therapy	Y - Postoperative Recovery
Y - Psychiatric Services	Y - Radiology(Diagnostic)	N - Radiology(Therapeutic)
Y - Rehabilitation Services	Y - Respiratory Services	N - Self Care Unit
N - Shock Trauma	Y - Social Services	Y - Speech Pathology

NA =	Not applicable	NMF =	No meaningful figure	NR =	Not reported

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